

HEALTH AND HEALTH BEHAVIORS OF LOW INCOME BLACK FEMALE CAREGIVERS

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Purpose: Low-income black women often experience disparate health outcomes and more health risks than their white counterparts because of limited socioeconomic and environmental resources, underutilization of health services, and other factors. Few family care giving studies include this population of women, despite the fact that like most women they often care for ill family members. This secondary data analysis was designed to compare the health status (perceived health and frequency of depressive symptoms) and health promotion behaviors of low-income black women who were family caregivers (n= 36) versus non-caregivers (n=21). The study assessed if there were group differences in perceived health status and self-reported depressive symptoms and health promotion behaviors (i.e., annual PAP smears).

Methods : An exploratory, cross-sectional comparative design was used to examine the study variables in a convenience sample of 57 women receiving support from a university-based job-training program. Perceived health status was assessed with a single item Likert-type self-report question, depressive symptoms with the Center for Epidemiologic Studies Depression Scale (CES-D), and health promotion behaviors with the Healthier People Network Health Risk Appraisal-version 6.

Findings: Though caregivers were older than non-caregivers, 29.92 ± 9.03 years versus 25.30 ± 5.51 years, perceived health status, level of depressive symptoms, and frequency of health promotion behaviors were similar. Both groups reported good to fair health status. Caregiver and non-caregiver mean CES-D scores were above the standard cut-off of 16 (18.25 vs. 18.03) indicating an increased risk of depression. While caregivers performed self-breast exams more often than non-caregivers, both groups generally performed health promotion behaviors less frequently than recommended by national guidelines.

Discussion: While these young low-income black female caregivers and non-caregivers reported similar levels of perceived health status, depressive symptoms, and frequency of health promotion behaviors it is unclear what long-term effects the caregiver role has on their future health status. Longitudinal studies are needed to chart the health of this understudied population, as care giving experiences are known to significantly challenge perceived and actual health status.